

Pre-Review Questionnaire

for

Resources for Optimal Care of the Injured Patient

2022 Standards – December 2022 Revision

Introduction

Welcome to the PRQ for the 2022 Standards! This PRQ PDF document reflects the December revision of the standards. The electronic version of the PRQ will reside on a new platform, which we expect to launch in early 2023. In the meantime, please use the PDF version as a reference.

Instructions

This document contains the pre-review questions associated with each standard. In order to refer to the standards as you complete the PRQ, you will need to download the [2022 standards](#).

Each page provides the following information:

- Number and name of standard
- Type I or II standard
- Applicable levels
- Text of the pre-review question
- Type of answer format that will be used and required in the electronic PRQ
 - Radio button (Y/N)
 - Number: enter a number in the PRQ to provide your response
 - Attachment: upload an attachment that is described in the pre-review question
 - Table: complete a table in the PRQ
 - Text box: enter text to provide your response

All templates referenced in the PRQ can be found at the end of this document.

Contact VRC Program

For questions or comments, Please use the VRC Contact Form please use this [VRC Contact Form](#) to submit all questions and comments regarding the VRC site visit process, standards, and other topics. This will allow us to track all queries and be as thorough and responsive as possible.

Please note that this PRQ document may be used only by trauma centers undergoing ACS COT trauma center verification or consultation. These materials may not be distributed, resold, nor used to create revenue-generating content by any entity other than the ACS.

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1 Institutional Administrative Commitment

1.1 - Administrative Commitment (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload attestation of commitment to trauma program from Hospital Board of Directors (or other administrative governing authority). This attestation must include the following:

- Approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification throughout the verification cycle
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

[Attachment]

1.2 - Research Support (Type II)

Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Describe the infrastructure of the trauma research program, including the space, facilities, and human resources that enable the research activity and how this infrastructure is supported. Highlight any specific successes or challenges. *[Text box]*

2 Program Scope and Governance

2.1 - State and Regional Involvement (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe your center's participation in the regional and/or statewide trauma system. *[Text box]*
- *2. Upload documentation that demonstrates participation. *[Attachment]*

2.2 - Hospital Regional Disaster Committee (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's participation in preparations for a regional disaster response (for example, committee participation or involvement with health care coalitions). *[Text box]*

*2. Describe your center's participation in regional mass casualty exercises over the course of the Reporting Period. *[Text box]*

2.3 - Disaster Management Planning (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload attendance records or meeting minutes demonstrating trauma surgeon participation and orthopaedic surgeon participation (LI, PTCI) in disaster committee meetings over the course of the Reporting Period. *[Attachment]*
- *2. Upload your hospital's disaster plan that includes a surgical response and the following elements of orthopaedic trauma care: definition of critical personnel requirements and means of contact, initial triage of orthopaedic patients, and coordination of secondary procedures. *[Attachment]*
- *3. Upload the completed 'Drills and Activations' template. *[Attachment]*
- *4. Highlight any challenges or gaps that have been identified in your center's disaster response and outline the plans to address them. *[Text box]*

2.4 - Level I Adult Trauma Patient Volume Criteria (Type I)

Applicable Levels

LI

PRQ Question Text *[Field Type]*

*1. Does your trauma center care for at least 1,200 trauma patients per year or at least 240 trauma patients with Injury Severity Score (ISS) greater than 15 per year? *[Radio button]*

*2. Enter your facility's total admissions by ISS score over the Reporting Period in the table below. *[Table]*

ISS	Total Number of Admissions
0-9	
10-15	
16-24	
25+	
Total	

2.5 - Level I Pediatric Trauma Patient Volume Criteria (Type I)

Applicable Levels

PTCI

PRQ Question Text *[Field Type]*

*1. Does your trauma center care for 200 or more injured patients under 15 years of age per year? *[Radio button]*

*2. Enter your facility's total admissions (under 15 years of age) by ISS score over the Reporting Period in the table below. *[Table]*

ISS	Total Number of Admissions
0-9	
10-15	
16-24	
25+	
Total	

2.6 - Adult Trauma Centers Admitting Pediatric Patients (Type I)

Applicable Levels

LI, LII, LIII

PRQ Question Text *[Field Type]*

- *1. How many children under the age of 15 did your adult trauma center admit during the Reporting Period? *[Number]*
- *2. Does your trauma center have a pediatric emergency department area? *[Radio button]*
- *3. Does your trauma center have a pediatric intensive care area? *[Radio button]*
- *4. Does your trauma center have appropriate resuscitation equipment (as outlined in the pediatric readiness toolkit)? *[Radio button]*

2.7 - Trauma Multidisciplinary PIPS Committee (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload terms of reference (policy) that define the committee's scope, membership, frequency of meetings, and decision-making process. *[Attachment]*

2.8 - Trauma Medical Director Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload evidence of board certification or board eligibility for the TMD. *[Attachment]*
 - *2. Upload the roles and responsibilities document for the TMD's position. (This question is shared between Standards 2.8 and Standard 2.9). *[Attachment]*
 - *3. Upload the TMD's credentialing letter. *[Attachment]*
 - *4. Upload evidence of ATLS certification for the TMD. *[Attachment]*
 - *5. Upload call schedules over the course of the Reporting Period. *[Attachment]*
 - *6. Upload the TMD's trauma CME certificates and Maintenance of Certification transcripts obtained during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. *[Attachment]*
 - *7. Upload appointment letter and attendance records from national or regional trauma organization during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. *[Attachment]*
 - *8. Is the pediatric TMD board-certified or board-eligible in pediatric surgery? *[Radio button]*
- If no, please answer the questions below:
- 8a. Upload evidence of PALS certification for the pediatric TMD. *[Attachment]*
 - 8b. Upload written affiliation agreement and evidence of participation of the affiliate pediatric TMD in process improvement, guideline development, and complex case discussions. *[Attachment]*
 - 8c. Does the affiliate pediatric TMD attend at least 50% of trauma multidisciplinary PIPS committee meetings? *[Radio button]*
 - 8d. Upload attendance records (including meeting dates) demonstrating the affiliate pediatric TMD's participation in PIPS committee meetings over the course of the Reporting Period. *[Attachment]*

2.9 - Trauma Medical Director Responsibility and Authority (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the roles and responsibilities document for the TMD's position. (This question is shared between Standard 2.8 and Standard 2.9). *[Attachment]*

2.10 - Trauma Program Manager Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe the responsibilities of the TPM and estimate their FTE commitment associated with these responsibilities. *[Text box]*
- *2. Upload the roles and responsibilities document for the TPM's position, including allocation of FTE across roles described above. *[Attachment]*
- *3. Upload the TPM's CE certificates or transcripts obtained during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. *[Attachment]*
- *4. Upload appointment letter from national or regional trauma organization. *[Attachment]*

2.11 - Trauma Program Manager Responsibilities and Reporting Structure (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload the relevant organizational chart from your trauma center. *[Attachment]*
- *2. Upload the role profile of the TPM. *[Attachment]*

2.12 - Injury Prevention Program (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe the impact your center's injury prevention program has had in its community. *[Text box]*
- *2. Upload the job description for relevant staff. *[Attachment]*
- *3. Upload graphs/tables highlighting recent injury mechanism trends in your center's trauma registry. *[Attachment]*
- *4. Upload the completed "Injury Prevention Activities Report" template. *[Attachment]*
- *5. Upload materials related to your trauma center's injury prevention initiatives (such as posters, flyers, and press releases). *[Attachment]*

2.13 - Organ Procurement Program (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload OPO affiliation agreement. *[Attachment]*
- *2. Upload regional OPO notification policy. *[Attachment]*
- *3. Upload protocol for brain deaths. *[Attachment]*

2.14 - Child Life Program (Type II)

Applicable Levels

PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Briefly describe the scope of your center's child life program. *[Text box]*
- *2. Upload the roles and responsibilities document for the position responsible for administering the child life program. *[Attachment]*

3 Facilities and Equipment Resources

3.1 - Operating Room Availability (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload relevant OR staffing policy that ensures OR availability. *[Attachment]*
- *2. Upload documentation of time of notification to time of response. Examples of documentation may include a registry report or a report from the OR database. *[Attachment]*

3.2 - Additional Operating Room (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe how your facility makes an OR available when already encumbered. *[Text box]*
- *2. Describe separately your center's OR staffing plans for a weekend night and for a regular working day with elective cases in progress. *[Text box]*
- *3. Upload relevant OR staffing policy documentation. *[Attachment]*

3.3 - Operating Room for Orthopaedic Trauma Care (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe how your trauma center makes OR time available to ensure timely care of inpatients with nonemergent orthopaedic trauma. *[Text box]*
- *2. Upload OR schedule for orthopaedic trauma care. *[Attachment]*

3.4 - Blood Products (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

- *1. Does your trauma center have an adequate supply of blood products available? *[Radio button]*
- *2. Describe any challenges in access to blood products over the Reporting Period. What were the circumstances, and how were the challenges addressed? *[Text box]*

LIII, LIII-N:

- *1. Does your trauma center have an adequate supply of red blood cells and plasma available? *[Radio button]*
- *2. Describe any challenges in access to red blood cells or plasma over the Reporting Period. What were the circumstances, and how were the challenges addressed? *[Text box]*

3.5 - Medical Imaging (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

- *1. Does your trauma center have conventional radiography available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*
- *2. Does your trauma center have computed tomography (CT) available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*
- *3. Does your trauma center have point of care ultrasound available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*
- *4. Does your trauma center have interventional radiologic procedures available 24 hours per day and accessible for patient care within 1 hour? *[Radio button]*
- *5. Does your trauma center have magnetic resonance imaging (MRI) available 24 hours per day and accessible for patient care within 2 hours? *[Radio button]*
- *6. Upload conventional radiography policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*
- *7. Upload CT policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*
- *8. Upload point-of-care ultrasound policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*
- *9. Upload interventional radiology policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*
- *10. Upload MRI policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*
- *11. Describe any challenges your center has had with access to medical imaging over the Reporting Period, as well as what your center has done to address these challenges. *[Text box]*

LIII, LIII-N:

- *1. Does your trauma center have conventional radiography available 24 hours per day and accessible for patient care within 30 minutes? *[Radio button]*
- *2. Does your trauma center have computed tomography (CT) available 24 hours per day and accessible for patient care within 30 minutes? *[Radio button]*
- *3. Does your trauma center have point of care ultrasound available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*
- *4. Upload conventional radiography policy and procedure documentation, including the time interval in which the service is accessible for patient care. *[Attachment]*

- *5. Upload CT policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*
- *6. Upload point-of-care ultrasound policy and procedure documentation. *[Attachment]*
- *7. Describe any challenges your center has had with access to medical imaging over the Reporting Period, as well as what your center has done to address these challenges. *[Text box]*

3.6 - Remote Access to Radiographic Imaging (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Briefly describe your trauma center's mechanism to remotely view radiographic images. *[Text box]*

3.7 - Cerebral Monitoring Equipment (Type I)

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Briefly describe the modalities for intracranial pressure monitoring available at your center. *[Text box]*

3.8 - Cardiopulmonary Bypass Equipment (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Are cardiopulmonary bypass equipment and relevant staff (such as perfusionists) immediately available when required? *[Radio button]*
2. Upload contingency plan for immediate transfer of patients with time-sensitive cardiovascular injuries. *[Attachment]*

4 Personnel and Services

4.1 - Trauma Surgeon Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, LIII, LIII-N

- *1. Upload the completed “Trauma Surgeon Requirements” template. *[Attachment]*
- *2. Upload each trauma surgeon’s credentialing letter or confirmation of hospital appointment. *[Attachment]*

PTCI, PTCII

- *1. Upload the completed “Trauma Surgeon Requirements” template. *[Attachment]*
- *2. Upload each trauma surgeon’s credentialing letter or confirmation of hospital appointment. *[Attachment]*
- *3. Describe how the pediatric surgeon(s) are actively involved in the provision of direct (bedside) trauma patient care. *[Text box]*

4.2 - Trauma Surgeon Coverage (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload trauma surgery call schedules over the course of the Reporting Period. *[Attachment]*
- *2. Is the trauma surgeon dedicated to a single trauma center while on call? *[Radio button]*

4.3 - Trauma Surgery Backup Call Schedule (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload backup trauma call schedules over the course of the Reporting Period (all levels) or backup plan (for Level III centers only). *[Attachment]*

4.4 - Trauma Surgeon Presence in Operating Room (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Is the trauma surgeon present in the operating suite for the key portions of the operative procedures for which they are the responsible surgeon? *[Radio button]*
- *2. Is the trauma surgeon immediately available throughout the procedure? *[Radio button]*

4.5 - Specialty Liaisons to the Trauma Service (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text [Field Type]

LII, LIII

- *1. Upload the completed “Specialty Liaisons to the Trauma Service” template. [Attachment]
- *2. **Geriatric Provider Liaison:** Provide the name of the geriatric liaison at your center and explain how they meet the Geriatric Provider Liaison requirement. [Text box]

PTCII

- *1. Upload the completed “Specialty Liaisons to the Trauma Service” template. [Attachment]

LI, PTCI

- *1. Upload the completed “Specialty Liaisons to the Trauma Service” template. [Attachment]
- *2. **Geriatric Provider Liaison:** Provide the name of the geriatric liaison at your center and explain how they meet the Geriatric Provider Liaison requirement. [Text box]
- *3. **Orthopaedic Surgeon Liaison:** How does your trauma center meet the Orthopaedic Surgeon Liaison requirements? [Drop Down]
 - A. Completed an OTA-approved orthopaedic traumatology fellowship Yes/No
 - B. Previously approved through the alternate training criteria
 - C. Completed a pediatric fellowship (PTCI only)
 - D. Shares the orthopaedic trauma surgeon liaison with a Level I adult trauma center within the same hospital or campus (PTCI only)
 - E. Seeking approval through the alternate training criteria

- 4. Upload documentation supporting your selection for #3 above. [Attachment]

If A is selected, upload the orthopaedic trauma surgeon liaison’s fellowship certificate

If B is selected, do nothing

If C is selected, upload the orthopaedic trauma surgeon liaison’s fellowship certificate

If D is selected, upload the fellowship certificate of the orthopaedic trauma surgeon liaison shared with the Level I adult trauma center within the same hospital or campus

If E is selected, upload the orthopaedic trauma surgeon liaison’s CV and answer the questions below. *Upon review by the VRC office, further information may be requested for those seeking approval through the alternate training criteria.*

Is at least 50 percent of the orthopaedic trauma surgeon liaison’s practice dedicated to providing care to orthopaedic trauma patients? [Radio Button]

Is the orthopaedic trauma surgeon liaison an active trauma committee member in a regional, national, or international organization (outside of parent hospital or institution) and did they attended at least one meeting during the reporting period? *[Radio Button]*

Is the orthopaedic trauma surgeon liaison an author of peer-reviewed publications/research in orthopaedic trauma over the past three years? *[Radio Button]*

Did the orthopaedic trauma surgeon liaison participate in trauma-related educational activities as an instructor or educator (outside of parent hospital or institution) in the past three years? *[Radio Button]*

4.6 - Emergency Department Director (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload the roles and responsibilities document for the emergency department director. *[Attachment]*
- *2. Upload evidence of board certification, board eligibility, or Alternate Pathway approval. *[Attachment]*

4.7 - Emergency Department Physician Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the completed "Emergency Department Physician Requirements" template. (This question is shared between Standard 4.7 and Standard 4.8). *[Radio button]*

4.8 - Emergency Department Physician Coverage (Type I)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload coverage schedules for emergency medicine physicians responsible for trauma care over the course of the Reporting Period. *[Attachment]*
- *2. Upload the completed "Emergency Department Physician Requirements" template. (This question is shared between Standard 4.7 and Standard 4.8). *[Radio button]*

4.9 - Pediatric Critical Care Staffing (Type II)

Applicable Levels

PTCI

PRQ Question Text *[Field Type]*

- *1. Upload the completed 'Pediatric Critical Care Staffing' template. (Only two physicians required). *[Attachment]*
- *2. Upload ICU call schedules over the course of the Reporting Period. *[Attachment]*

4.10 - Neurotrauma Care (Type I)

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCII, LIII-N:

- *1. Upload the completed 'Neurosurgeons' template. *[Attachment]*
- *2. Upload neurosurgery call schedules for trauma patients over the course of the Reporting Period. *[Attachment]*

PTCI:

- *1. Upload the completed 'Neurosurgeons' template. *[Attachment]*
- *2. Upload CV of a board-certified or board-eligible neurosurgeon who has completed a pediatric neurosurgery fellowship. *[Attachment]*
- *3. Upload neurosurgery call schedules for trauma patients over the last three months of the Reporting Period. *[Attachment]*

4.11 - Orthopaedic Trauma Care (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, LIII, PTCII:

- *1. Upload the completed 'Orthopaedic Surgeons' template. *[Attachment]*
- *2. Upload orthopaedic surgery call schedules for trauma patients over the course of the Reporting Period. *[Attachment]*
- *3. Upload orthopaedic surgery contingency plan. *[Attachment]*

PTCI:

- *1. Upload the completed 'Orthopaedic Surgeons' template. *[Attachment]*
- *2 Upload CV of a board-certified or board-eligible orthopaedic surgeon who has completed a pediatric orthopaedic fellowship. *[Attachment]*
- *3. Upload orthopaedic surgery call schedules for trauma patients over the course of the Reporting Period. *[Attachment]*
- *4. Upload orthopaedic surgery contingency plan. *[Attachment]*

4.12 - Specialized Orthopaedic Trauma Care (Type II)

Applicable Levels

LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Has an orthopaedic surgeon at your center completed OTA-approved fellowship training or met the alternate training criteria? *[Radio button]*
2. If yes, upload the orthopaedic surgeon's CV. *[Attachment]*
3. If no, upload the following: *[Attachment]*
 - Transfer protocols specifying the type of patients/injuries that will be transferred to a center with an orthopaedic surgeon who has completed an OTA-approved fellowship or meets the alternate training criteria
 - CV for the orthopaedic surgeon at the receiving center who has completed an OTA-approved fellowship or meets the alternate training criteria

4.13 - Anesthesia Services (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload anesthesia services policy pertaining to availability and response time.

[Attachment]

4.14 - Radiologist Access (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe the process your center follows to get rapid imaging interpretation to guide immediate clinical decision-making. *[Text box]*
- *2. Upload radiology policy or guidelines. *[Attachment]*

4.15 - Interventional Radiology Response for Hemorrhage Control (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the process used to mobilize physicians, technologists, and other staff to ensure procedures can begin within 60 minutes of request. Describe any challenges or successes over the Reporting Period. *[Text box]*

*2. Upload registry report, which includes the time intervals from request to arterial puncture for patients undergoing endovascular or interventional radiology procedures for hemorrhage control over the course of the Reporting Period. *[Attachment]*

*3. Upload call schedules over the course of the Reporting Period for the relevant physician resources available at your center. *[Attachment]*

4.16 - ICU Director (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload the role and responsibilities document of the surgical ICU director and/or codirector. *[Attachment]*
- *2. Upload protocols/pathways and PI initiatives specific to the care of injured patients. *[Attachment]*
- *3. ICU director or codirector's name: *[Text box]*
- *4. ICU director or codirector's certifying board (Level I adult trauma programs **must** have surgical critical care board certification or board eligibility): *[Text box]*
- *5. ICU director or codirector's certificate number: *[Text box]*
- *6. ICU director or codirector's board certification/eligibility expiration year: *[Number]*

4.17 - ICU Physician Coverage (Type I)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload ICU/PICU call schedules over the course of the Reporting Period. *[Attachment]*

4.18 - Intensivist Staffing (Type II)

Applicable Levels

LII

PRQ Question Text *[Field Type]*

- *1. Name of intensivist who is board-certified or board-eligible in surgical critical care: *[Text box]*
- *2. Intensivist's certificate number: *[Text box]*
- *3. Intensivist's board certification/eligibility expiration year: *[Number]*

4.19 - ICU Provider Coverage for Level III Trauma Centers (Type I)

Applicable Levels

LIII

PRQ Question Text *[Field Type]*

- *1. Upload ICU call schedules over the course of the Reporting Period. *[Attachment]*
- *2. Upload ICU emergency coverage plan. *[Attachment]*

4.20 - ICU Nursing Staffing Requirement (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your hospital's patient-to-nurse ratio in the ICU. *[Text box]*

4.21 - Surgical Specialists Availability (Type I)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload cardiothoracic surgery call schedules over the course of the Reporting Period. *[Attachment]*
- *2. Upload vascular surgery call schedules over the course of the Reporting Period. *[Attachment]*
- *3. Upload hand surgery call schedules over the course of the Reporting Period. *[Attachment]*
- * 4. Upload plastic surgery call schedules over the course of the Reporting Period. *[Attachment]*
- *5. Upload obstetrics/gynecology surgery call schedules over the course of the Reporting Period. *[Attachment]*
- *6. Upload otolaryngology call schedules over the course of the Reporting Period. *[Attachment]*
- *7. Upload urology call schedules over the course of the Reporting Period. *[Attachment]*
- *8. Upload contingency plan for sporadic gaps in coverage due to vacation/conference attendance, etc. *[Attachment]*
- 9. If a call schedule is unavailable because of a unique model of coverage, please provide additional detail here. *[Text box]*

4.22 - Ophthalmology Service (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload Ophthalmology call schedules over the course of the Reporting Period. *[Attachment]*
- *2. Upload contingency plan for sporadic gaps in coverage due to vacation/conference attendance, etc. *[Attachment]*
3. If a call schedule is unavailable because of a unique model of coverage, please provide additional detail here. *[Text box]*

4.23 - Soft Tissue Coverage Expertise (Type I)

Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Describe the availability and expertise for complex soft tissue reconstruction at your facility, and indicate which specialties provide the microvascular expertise. Please identify the relevant call schedule submitted in Standard 4.21.

[Text box]

4.24 - Craniofacial Expertise (Type I)

Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Describe the availability and expertise related to craniofacial reconstruction at your facility, and indicate which specialties provide the craniofacial expertise. Please identify the relevant call schedule submitted in Standard 4.21.

[Text box]

4.25 - Replantation Services (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Does your center have continuously available replantation capability? *[Radio button]*
2. If yes, describe the availability and expertise related to replantation at your facility, and indicate which specialties provide the replantation expertise. Please identify the relevant call schedule submitted in Standard 4.21. *[Text box]*
3. If no, upload documentation of a regional and/or state triage and transfer process for replantation. *[Attachment]*

4.26 - Medical Specialists (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your facility's coverage for each of the medical specialists listed in the standard. *[Text box]*

4.27 - Child Abuse (Nonaccidental Trauma) Physician (Type II)

Applicable Levels

PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Child abuse physician's name: *[Text box]*
- *2. Briefly describe the qualifications of the child abuse physician. *[Text box]*
- *3. Upload CV and roles and responsibilities documents for the child abuse physician. *[Attachment]*
- *4. Is the physician board-certified or board-eligible in child abuse pediatrics? *[Radio button]*
- 5. If yes, enter the child abuse pediatrics board certificate number: *[Text box]*
- 6. If no, enter the pediatric board certificate number: *[Text box]*
- *7. Child abuse physician's board certification/eligibility expiration year: *[Text box]*

4.28 - Allied Health Services (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe your center's respiratory therapy coverage. *[Text box]*
- *2. Describe your center's nutrition support coverage. *[Text box]*
- *3. Describe your center's speech therapy coverage. *[Text box]*
- *4. Describe your center's social work coverage. *[Text box]*
- *5. Describe your center's occupational therapy coverage. *[Text box]*
- *6. Describe your center's physical therapy coverage. *[Text box]*

4.29 - Renal Replacement Therapy Services (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

*1. Does your trauma center have renal replacement therapy services available to support patients with acute renal failure? *[Radio button]*

LIII, LIII-N:

*1. Does your trauma center have renal replacement therapy services available to support patients with acute renal failure? *[Radio button]*

2. If no, upload transfer agreement for renal replacement therapy services. *[Attachment]*

4.30 - Advanced Practice Providers (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text [Field Type]

*1. List the APPs who are involved in initial patient evaluation and resuscitation as part of the trauma activation team in the table below. Do not list APPs in the emergency department if they are not part of the trauma activation team.

[Table]

Advanced Practice Provider Name	Evidence of ATLS Certification	
	ATLS ID	Expiration Date (mm/yyyy)

4.31 - Trauma Registry Staffing Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Number of trauma registry personnel (FTE): *[Number]*
- *2. Number of annual patient entries that meet NTDS, hospital, local, regional, or state inclusion criteria: *[Number]*
- *3. Upload your center's Annual Trauma Registry Report. (This question is shared between Standards 4.31 and 4.35). *[Attachment]*

4.32 - Certified Abbreviated Injury Scale Specialist (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload CAISS Certificate for at least one registrar who supports the trauma registry at your trauma center.
[Attachment]

4.33 - Trauma Registry Courses (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload the completed "Trauma Registry Courses and Trauma Registrar Continuing Education" template. (This question is shared between Standards 4.33 and 4.34) *[Attachment]*
- *2. Upload AAAM AIS Course Certificate for each registry staff member. *[Attachment]*
- *3. Upload certificate from trauma registry course for each registry staff member. *[Attachment]*
- *4. Upload ICD-10 Course Certificate dated within the past five years for each registry staff member. *[Attachment]*

4.34 - Trauma Registrar Continuing Education (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the completed "Trauma Registry Courses and Trauma Registrar Continuing Education" template. (This question is shared between Standards 4.33 and 4.34) *[Attachment]*

4.35 - Performance Improvement Staffing Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Number of Performance Improvement personnel (FTE): *[Number]*
- *2. Name(s) of PI personnel: *[Text box]*
- *3. Upload the roles and responsibilities document for PI personnel. *[Attachment]*
- *4. Number of annual patient entries that meet NTDS, hospital, local, regional, or state inclusion criteria: *[Number]*
- *5. Upload your center's Annual Trauma Registry Report. (This question is shared between Standards 4.31 and 4.35). *[Attachment]*

4.36 - Disaster Management and Emergency Preparedness Course (Type II)

Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Upload the DMEP or eDMEP Certificate for the trauma surgeon liaison to the disaster committee. *[Attachment]*

5 Patient Care: Expectations and Protocols

5.1 - Clinical Practice Guidelines (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload a list of clinical practice guidelines, protocols, or algorithms with date of last revision. *[Attachment]*
- *2. Confirm that the relevant clinical practice guidelines are also included in the medical records available for review. *[Radio button]*

5.2 - Trauma Surgeon and Emergency Medicine Physician Shared Responsibilities (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload documentation outlining the shared roles and responsibilities of trauma surgeons and emergency medicine physicians for trauma resuscitation. *[Attachment]*

5.3 - Levels of Trauma Activation (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload your center's trauma activation policy. This must include the level of activation, the criteria for activation, and the expected personnel. (This question is shared between Standards 5.3 and 5.5) *[Attachment]*

*2. Complete the table below for all trauma activations at your center over the course of the Reporting Period:

Level	Number of Activations	Percentage of Total Activations
Highest		
Intermediate		
Lowest (Consult)		
Total		100%

5.4 - Trauma Surgeon Response to Highest Level of Activation (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Percentage of highest-level activations for which the attending trauma surgeon is present at the patient's bedside within 15 minutes (LI, LII) or 30 minutes (LIII) of patient arrival: *[Number]*

*2. Is the above answer equal to or greater than 80 percent? *[Radio button]*

5.5 - Trauma Surgical Evaluation for Activations below the Highest Level (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload your center's trauma activation policy. This must include the level of activation, the criteria for activation, and the expected personnel. (This question is shared between Standards 5.3 and 5.5) *[Attachment]*
- *2. Provide the proportion of trauma activations (by level) over the course of the Reporting Period in which the surgical response time falls within the timeframe outlined in your policy. *[Text box]*

5.6 - Care Protocols for the Injured Older Adult (Type II)

Applicable Levels

LI, LII

PRQ Question Text *[Field Type]*

*1. Upload care protocols for older trauma patients. *[Attachment]*

5.7 - Assessment of Children for Nonaccidental Trauma (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe your center's process for identifying children at risk. *[Text box]*
- *2. Upload your center's relevant protocols/policies. *[Attachment]*

5.8 - Massive Transfusion Protocol (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload your center's massive transfusion protocol. *[Attachment]*

5.9 - Anticoagulation Reversal Protocol (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload your center's rapid reversal protocol that includes therapeutic options and indications for the use of each reversal agent. *[Attachment]*

5.10 - Pediatric Readiness (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload your center's current Pediatric Readiness Assessment Gap Report *[Attachment]*
- *2. Describe your center's plan to address any gaps identified through the pediatric readiness assessment. *[Text box]*

5.11 - Emergency Airway Management (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload your center's plan for emergency airway management that specifies provider and means of escalation. *[Attachment]*

*2. Does your trauma center have equipment immediately available to establish an emergency airway? *[Radio button]*

5.12 - Transfer Protocols (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload transfer protocols that include the types of patients, expected time frame for initiating and accepting a transfer, and predetermined referral centers for outgoing transfers. *[Attachment]*

5.13 - Decision to Transfer (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload a report of all transfers out, with reason for transfer, over the course of Reporting Period. *[Attachment]*

5.14 - Transfer Communication (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe the communication processes for transfers in and out of your center, how transfers are documented, and how safe transition of care is assured. *[Text box]*
2. Upload any relevant policies, if available. *[Attachment]*

5.15 - Trauma Diversion Protocol (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload your center's diversion protocols that are approved by the TMD and include the agreement of the trauma surgeon in the decision to divert, notification of dispatch and EMS agencies, and logging of reasons for and duration of diversion. *[Attachment]*

5.16 - Trauma Diversion Hours (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload trauma diversion report that includes total hours on diversion during the Reporting Period. *[Attachment]*

5.17 - Neurosurgeon Response (Type II)

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Provide a report of neurosurgical response times for patients meeting the criteria in the standard. *[Attachment]*
- *2. Upload relevant policy that outlines criteria and requirements for neurosurgery response time. *[Attachment]*

5.18 - Neurotrauma Plan of Care for Level III Trauma Centers (Type II)

Applicable Levels

LIII

PRQ Question Text *[Field Type]*

- *1. Are there limitations to the types of neurotrauma cared for in your center? *[Radio button yes/no]*
2. If yes, upload your center's policy that addresses which patients can be cared for and/or which must be transferred. *[Attachment]*

5.19 - Neurotrauma Contingency Plan (Type II)

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

*1. Upload neurotrauma contingency plan. *[Attachment]*

LIII-N:

*1. Upload neurotrauma contingency plan. *[Attachment]*

*2. Describe whether your center's neurosurgery coverage is continuous and whether its neurosurgeons are also responsible for care at other centers when on call. *[Text box]*

5.20 - Treatment Guidelines for Orthopaedic Injuries (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload treatment guidelines for orthopaedic injuries as defined in the standard. *[Attachment]*

5.21 - Orthopaedic Surgeon Response (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Provide a report of orthopaedic surgeon response times over the course of the Reporting Period for patients meeting the criteria outlined in the standard. *[Attachment]*
- *2. Upload relevant policy that outlines criteria and requirements for orthopaedic surgeon response time. *[Attachment]*

5.22 - Operating Room Scheduling Policy (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload policy that outlines targets for access to the OR based on level of urgency. *[Attachment]*

5.23 - Surgical Evaluation of ICU Patients (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe how your center's trauma program ensures that trauma patients admitted to the ICU either have had surgical evaluation or have ongoing involvement of surgeons in their care. *[Text box]*
- *2. Upload your center's ICU policy that specifies the requirement for timely evaluation and ongoing involvement of surgical services in the care of trauma patients. *[Attachment]*

5.24 - Trauma Surgeon Responsibility for ICU Patients (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's model of ICU care for trauma patients and how the trauma surgeons retain responsibility for care delivery. *[Text box]*

5.25 - Communication of Critical Imaging Results (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe how critical imaging results are communicated to the trauma team at your facility. *[Text box]*
2. Upload any relevant policies. *[Attachment]*

5.26 - Timely Computed Tomography Scan Reporting (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload any institutional policies that address timely CT scan reporting for trauma patients. Be prepared to provide radiology reports at the time of your site visit. *[Attachment]*

5.27 - Rehabilitation Services during Acute Phase of Care (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe how and when patients at your center are typically assessed for their acute rehab needs. *[Text box]*
- *2. Upload protocols that outline the process for identifying patients in need of rehabilitation services during their acute inpatient stay. *[Attachment]*

5.28 - Rehabilitation and Discharge Planning (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's process for determining the level of care patients will require after discharge and the specific rehabilitation care services required at the next level of care. *[Text box]*

5.29 - Mental Health Screening (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

- *1. Upload mental health screening protocol. *[Attachment]*
- *2. Describe your center's mental health referral process. *[Text box]*

LIII, LIII-N:

- *1. Describe your center's mental health referral process. *[Text box]*

5.30 - Alcohol Misuse Screening (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload alcohol misuse screening rate measured against criteria outlined in the standard. *[Attachment]*

5.31 - Alcohol Misuse Intervention (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload SBIRT protocol. *[Attachment]*
- *2. Upload alcohol misuse intervention report as described in the standard. *[Attachment]*

6 Data Surveillance and Systems

6.1 - Data Quality Plan (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload written data quality plan. *[Attachment]*

*2. Describe the results of your center's internal and/or external validation exercises and the TQP Data Center reports mentioned above. Include steps taken to address identified opportunities for improvement. *[Text box]*

6.2 - Trauma Registry Patient Record Completion (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload registry report covering the Reporting Period demonstrating that data for 80 percent of patient records were completed within 60 days of discharge date. *[Attachment]*
- *2. Were at least 80 percent of patient records completed within 60 days of discharge? *[Radio button]*

6.3 - Trauma Registry Data Collection and Submission (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe how your facility assures compliance with NTDS inclusion criteria and data element definitions. *[Text box]*
- *2. Was your facility's trauma registry data submitted to the TQP Data Center in the most recent call for data? *[Radio button]*

7 Performance Improvement and Patient Safety (PIPS)

7.1 - Trauma PIPS Program (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload hospital organizational chart reflecting the relationship of the PIPS program to the organizational PI program. *[Attachment]*

7.2 - PIPS Plan (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload your center's PIPS plan. *[Attachment]*

*2. Highlight any aspects of your center's PI plan that you would like to call to the reviewers' attention. If you have challenges with specific aspects of the program, please describe them. *[Text box]*

7.3 - Documented Effectiveness of the PIPS Program (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe three initiatives that showcase the effectiveness of your center's PI program. *[Text]*
- *2. Describe clinical practice guidelines that your center has developed over the last three years in response to identified opportunities for improvement and indicate how these new practices are monitored to ensure that results are sustained. *[Text box]*
- *3. Upload any clinical practice guidelines that address quality concerns during the verification cycle. *[Attachment]*
- *4. Provide a completed OPPE form. *[Attachment]*
- *5. Upload minutes from PIPS committees during the reporting period, including operations/systems and multidisciplinary peer review meetings. *[Attachment]*

7.4 - Participation in Risk-Adjusted Benchmarking Programs (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Does your trauma center participate in TQIP? *[Radio button]*
- 2. If no, upload copies of the **two** most recent risk-adjusted benchmark reports from the alternative risk-adjusted benchmarking program, with at least one received during your center's Reporting Period. *[Attachment]*
- *3. Briefly describe opportunities for improvement and actions taken to improve patient care identified during evaluation of the risk-adjusted benchmarking report. Any relevant issues and opportunities for improvement related to data quality should be entered in the PRQ for Standard 6.1 (Data Quality Plan). *[Text box]*

7.5 - Physician Participation in Prehospital Performance Improvement (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. List the dates on which the emergency department physician or trauma surgeon attended prehospital PI meetings over the course of the Reporting Period. *[Text box]*
- *2. Upload a list of your center's prehospital care protocols that are specific to the care of trauma patients. *[Attachment]*
- *3. Provide an example of an identified opportunity for improvement and how the trauma center worked with EMS to address it. *[Text box]*

7.6 - Trauma Multidisciplinary PIPS Committee Attendance (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload attendance records (including meeting dates) demonstrating multidisciplinary participation in PIPS committee meetings over the course of the Reporting Period. *[Attachment]*
- *2. Upload the completed “Trauma Multidisciplinary PIPS Committee Attendance” template. *[Attachment]*

7.7 - Trauma Mortality Review (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Complete the table below for all cases of trauma-related mortality and transfer to hospice during the Reporting Period:

Results of Mortality Review	Number
Mortality with opportunity for improvement	
Mortality without opportunity for improvement	
Transfer to hospice with opportunity for improvement	
Transfer to hospice without opportunity for improvement	
Total	

7.8 - Nonsurgical Trauma Admissions Review (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. How many total NSAs did your trauma center have over the course of the Reporting Period? *[Number]*

*2. Complete the table below describing NSAs over the course of the Reporting Period:

Nonsurgical Admissions	ISS			
	0-9	10-15	16-24	25+
Number of patients admitted to a nonsurgical service				
Total NSAs w/trauma consult				
Total NSAs w/any surgical consult (including trauma)				
Total NSAs secondary to fall from own height				
Total deaths				

*3. Briefly describe how NSAs are reviewed by the trauma program and what opportunities for improvement, if any, have come from these reviews. *[Text box]*

7.9 - Trauma Diversions Review (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Upload the completed "Trauma Diversions Review" template. *[Attachment]*
- *2. Upload minutes/documentation from trauma operations committee reviews in which trauma diversions were discussed. *[Attachment]*

7.10 - Prehospital Care Feedback (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe the process for reviewing and providing feedback to EMS agencies, related to accuracy of triage and provision of care. *[Text box]*
- *2. Describe the process for reviewing and providing feedback to referring providers, related to the care and outcomes of their patients and any potential opportunities for improvement in initial care. *[Text box]*

8 Education: Professional and Community Outreach

8.1 - Public and Professional Trauma Education (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Describe your center's most successful public and professional trauma education programs and indicate why you believe they were successful. *[Text box]*
- *2. Upload a list of public and professional trauma education provided by your center over the course of the Reporting Period. *[Attachment]*

8.2 - Nursing Trauma Orientation and Education (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center’s process for orienting nurses to trauma care, and list what orientation materials they receive. *[Text box]*

*2. Complete the table below.

Note: Please be prepared to provide CE certificates or transcripts to demonstrate compliance with this standard at the time of the site visit.

[Table]

Nursing Education Course/Activity	Percentage of ED Nurses that Completed Course/Activity	Percentage of PICU/ICU Nurses that Completed Course/Activity	Percentage of PACU Nurses that Completed Course/Activity

8.3 - Prehospital Provider Training (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the trauma program's involvement in the training of prehospital personnel. *[Text box]*

8.4 - Commitment to Postgraduate Education (Type II)

Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

- *1. Describe the resident assignment to the trauma service. *[Text box]*
- *2. Describe trauma exposure for senior general surgery residents and the typical allocation of those residents to the trauma service over the Reporting Period. *[Text box]*
- *3. Upload the trauma-related learning objectives for rotations where residents will be exposed to trauma care, as well as the titles and dates of any trauma-related teaching sessions. *[Attachment]*
- *4. Upload the relevant rotation schedules over the course of the Reporting Period. *[Attachment]*
- *5. Upload the letter from the program director(s) confirming that residents are from ACGME-accredited programs. *[Attachment]*
- *6. Upload the letter from the general surgery program director confirming that the center provides sufficient exposure to trauma to meet requirements set forth by the ACGME. *[Attachment]*
- *7. Provide the number of indicated cases at your trauma center over the course of the Reporting Period:
[Table]

Major Operative Trauma Cases	Number
Laparotomies/laparoscopies	
Thoracotomies/thoracoscopies	
Neck explorations	
Sternotomies	
Major vascular surgery	

9 Research

9.1 - Research and Scholarly Activities (Type II)

Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

- *1. Upload the completed “Research and Scholarly Activities” template. *[Attachment]*
- 2. Upload the acceptance letters for any articles accepted for future publication. *[Attachment]*
- *3. Upload qualified trauma-related research publication #1. *[Attachment]*
- *4. Upload qualified trauma-related research publication #2. *[Attachment]*
- *5. Upload qualified trauma-related research publication #3. *[Attachment]*
- *6. Upload qualified trauma-related research publication #4. *[Attachment]*
- *7. Upload qualified trauma-related research publication #5. *[Attachment]*
- *8. Upload qualified trauma-related research publication #6. *[Attachment]*
- *9. Upload qualified trauma-related research publication #7. *[Attachment]*
- *10. Upload qualified trauma-related research publication #8. *[Attachment]*
- *11. Upload qualified trauma-related research publication #9. *[Attachment]*
- *12. Upload qualified trauma-related research publication #10. *[Attachment]*
- *13. Upload speaker invitation or program for a regional, national, or international trauma conference which took place during the Verification Cycle. *[Attachment]*
- *14. Describe how your center has supported and mentored residents or fellows in scholarly activities during the Verification Cycle. *[Text box]*

Alternate Pathway

PRQ Question Text *[Field Type]*

1. Upload the completed “Alternate Pathway Physician” template. *[Attachment]*
2. Upload the required documentation for the Alternate Pathway candidate(s) as necessary. For physicians seeking approval through the Alternate Pathway, this includes:
 - Documentation of CME hours (i.e., transcripts)
 - Proof of membership in and meeting attendance from a national or regional trauma organization during the Reporting Period
 - PIPS committee meeting attendance rosters during the Reporting Period
 - Credentials to provide trauma care
 - Documentation evaluating the physician’s processes and outcomes of care (such as a PI report by the TMD demonstrating morbidity and mortality results for patients treated by the physician)

For physicians previously approved through the Alternate Pathway, this only includes documentation of CME hours.

Please use the following naming convention to identify the uploaded documents, e.g., “[Physician Last Name] CME transcript”

[Attachment]

3. Upload completed Preselected Chart Review template for cases involving Neurosurgeon or Orthopaedic Alternate Pathway physicians. *[Attachment]*

Templates

2.3 - Disaster Management Planning (Type II)

Enter the dates and nature of drills or activations completed during the Reporting Period in the table below

Date	Drill or Activation	Description of Event

2.12 - Injury Prevention Program (Type II)

Complete the chart below for injury prevention activities implemented during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. Partnerships with community organizations can be noted in the "Participation Data" column.

Activity Name	Description of Activity/Objectives	Activity Date	Injury Trend Addressed	Participation Data	Evaluation of Outcomes
<i>Stop the Bleed Course</i>	<i>Taught students how to recognize life-threatening bleeding and three techniques to control bleeding</i>	<i>8/9/2021</i>	<i>Penetrating Trauma</i>	<i>15 students from Fremd High School</i>	<i>100% of students passed a brief post-activity assessment</i>

4.1 - Trauma Surgeon Requirements (Type II)

Complete the chart below for ALL trauma surgeons who are involved in the care of trauma patients at your center.

For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

			Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval					
Trauma Surgeon Name	Evidence of ATLS Certification	Credentialing Letter/Confirmation of Hospital Appointment	Evidence of Board Certification			Evidence of Board Eligibility	Alternate Pathway Approval	
	ATLS ID	Confirm that the trauma surgeon's credentialing letter or confirmation of hospital appointment has been uploaded to the PRQ.	Certifying Board	Certificate Number	Board Certification Expiration Date (MM/YYYY)	Residency Completion Year	Is the trauma surgeon a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

4.5 - Specialty Liaisons to the Trauma Service (Type II)

LI, LII, PTCI & PTCII

Complete the chart below for the designated liaisons to the trauma program.

For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

		Evidence of Board Certification -OR- Board Eligibility -OR- Alternate Pathway Approval					
		Evidence of Board Certification			Evidence of Board Eligibility	Alternate Pathway	
		Certifying Board	Certificate Number	Expiration Date (MM/YYYY)	Residency Completion Year	Is the designated liaison a new or previously approved candidate for the alternate pathway?	Date of Approval from ACS Staff (if applicable)
	Designated Liaison	Provider Name					
Adult Program	BC/BE Emergency medicine physician						
	BC/BE Orthopaedic surgeon						
	BC/BE Anesthesiologist						
	BC/BE Neurosurgeon						
	BC/BE Radiologist						
	BC/BE ICU physician						
Pediatric Program	BC/BE Emergency medicine physician						
	BC/BE Orthopaedic surgeon						
	BC/BE Anesthesiologist						
	BC/BE Neurosurgeon						
	BC/BE Radiologist						
	BC/BE ICU physician						

4.5 - Specialty Liaisons to the Trauma Service (Type II)

LIII & LIII-N

Complete the chart below for the designated liaisons to the trauma program.

For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

		Evidence of Board Certification -OR- Board Eligibility -OR- Alternate Pathway Approval								
		Evidence of Board Certification			Evidence of Board Eligibility	Alternate Pathway		CRNA or CAA Certification		
Designated Liaison	Provider Name	Certifying Board	Certificate Number	Expiration Date (MM/YYYY)	Residency Completion Year	Is the designated liaison a new or previously approved candidate for the alternate pathway?	Date of Approval from ACS Staff (if applicable)	Certification Type (CRNA or CAA)	Certification Expiration Year	
BC/BE Emergency medicine physician										
BC/BE Orthopaedic surgeon										
BC/BE Anesthesiologist or CRNA/CAA										
BC/BE ICU physician										
BC/BE Neurosurgeon (LIII-N Only)										

4.7 - Emergency Department Physician Requirements (Type II) and 4.8 - Emergency Department Physician Coverage (Type I)

Complete the chart below for all emergency department physicians who are involved in the care of trauma patients at your center. Please upload the relevant Alternate Pathway documentation for physicians who have trained outside the US or Canada as instructed in the Alternate Pathway section of the PRQ.

		Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval								
		Evidence of ATLS Certification		Evidence of Board Certification				Evidence of Board Eligibility	Alternate Pathway Approval	
Emergency Department Physician Name	ATLS ID	Expiration Date (MM/YYYY)	Certifying Board	Certificate Number	Specialty	Expiration Date (MM/YYYY)	Residency Completion Year	Is the emergency department physician a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)	

4.9 - Pediatric Critical Care Staffing (Type II)

Complete the chart below for physicians who are board-certified or board-eligible in pediatric critical care medicine or in both pediatric surgery and surgical critical care.

Physician Name	Evidence of Board Certification				Evidence of Board Eligibility
	Certifying Board	Certificate Number	Specialty	Expiration Date (MM/YYYY)	Residency Completion Year
*					*
*					*

4.10 - Neurotrauma Care (Type I)

Complete the chart below for all neurosurgeons who are involved in the care of trauma patients at your center. For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the online

Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval						
Neurosurgeon (Adult/Pediatric) Names	Evidence of Board Certification			Evidence of Board Eligibility	Alternate Pathway Approval	
	Certifying Board	Certificate Number	Board Certification Expiration Date (MM/YYYY)	Residency Completion Year	Is the neurosurgeon a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

4.11 - Orthopaedic Trauma Care (Type I)

Complete the chart below for all orthopaedic surgeons who are involved in the care of trauma patients at your center.
 For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the online PRQ.

Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval						
Orthopaedic Surgeons (Adult/Pediatric) Names	Evidence of Board Certification			Evidence of Board Eligibility	Alternate Pathway Approval	
	Certifying Board	Certificate Number	Board Certification Expiration Date (MM/YYYY)	Residency Completion Year	Is the orthopaedic surgeon a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

**4.33 - Trauma Registry Courses (Type II) and
4.34 - Trauma Registrar Continuing Education (Type II)**

Complete the chart below for all trauma registrars and/or staff members who have a registry role at your center.

Trauma Registry Staff Name	Date of Hire	Amount of CE Accrued During the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review	AAAM AIS Course	Trauma Registry Course			ICD-10 Course
			AAAM AIS Course Completion Date	Trauma Registry Course Name	Trauma Registry Course Description	Trauma Registry Course Completion Date	ICD-10 Course Completion Date

7.6 - Trauma Multidisciplinary PIPS Committee Attendance (Type II)

LI, LII, PTCI & PTCII

Complete the chart below over the course of the Reporting Period for all members of the multidisciplinary PIPS committee at your center.
Note: Please be prepared to share attendance records in order to demonstrate your compliance with this standard at the time of the site review.

Role	Name (Adult Trauma Center)	Percentage of Meetings Attended	Name (Pediatric Trauma Center)	Percentage of Meetings Attended
TMD				
TPM				
EM liaison (or alternate)				
Neurosurgery liaison (or alternate)				
Orthopaedic surgery liaison (or alternate)				
Critical care medicine liaison (or alternate)				
Anesthesia liaison (or alternate)				
Radiology liaison (or alternate)				
Trauma surgeon 1				
Trauma surgeon 2				
Trauma surgeon 3				
<i>[please insert additional rows for additional trauma surgeons as necessary]</i>				
Complete this row for combined trauma centers only: Representative(s) from pediatric program				

7.6 - Trauma Multidisciplinary PIPS Committee Attendance (Type II)

LIII & LIII-N

Complete the chart below over the course of the Reporting Period for ALL members of the multidisciplinary PIPS committee at your center.

Note: Please be prepared to share attendance records in order to demonstrate your compliance with this standard at the time of the site review.

Role	Name (Adult Trauma Center)	Percentage of Meetings Attended	Name (Pediatric Trauma Center)	Percentage of Meetings Attended
TMD				
TPM				
EM liaison (or alternate)				
Neurosurgery liaison (or alternate), LIII-N Only				
Orthopaedic surgery liaison (or alternate)				
Critical care medicine liaison (or alternate)				
Anesthesia liaison (or alternate)				
Trauma surgeon 1				
Trauma surgeon 2				
Trauma surgeon 3				
<i>[please insert additional rows for additional trauma surgeons as necessary]</i>				
Complete this row for combined trauma centers only:				
Representative(s) from pediatric program				

7.9 - Trauma Diversions Review (Type II)

Complete the chart below for all instances of diversion that occurred during the Reporting Period.

Diversion Start Date	Diversion Start Time	Diversion End Date	Diversion End Time	Reason for Diversion
<i>ex. 4/30/2021</i>	<i>12:45</i>	<i>4/30/2021</i>	<i>03:24</i>	<i>MRI machine down</i>

9.1 - Research and Scholarly Activities (Type II)

Complete the chart below for the 10 trauma-related research articles submitted for fulfillment of the research requirement during the Verification Cycle.

	Authorship				Center Involvement		Case Series		Research Discipline		Publication			
	Article Name	Name(s) of author(s) from your trauma center	Is the article authored by a general surgery/pediatric trauma provider? (Y/N)	I attest that the authors of this article who are from my trauma center meet the authorship requirements as defined by ICMJE. (Y/N)	Research activity performed at the trauma center? (Y/N)	Is the article part of a multicenter project? (Y/N)	Case series? (Y/N)	Does the case series include more than five patients?	Discipline(s) (reference list below)	If Basic Science was selected, does the research involve topics directly related to the pathophysiology of injury? (Y/N)	Has the article been published? (Y/N)	Publication date (or anticipated date of publication)	PubMed ID	Peer-reviewed? (Y/N)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Disciplines

- Trauma Surgery
- Basic Sciences
- Neurosurgery
- Orthopaedic Surgery
- Emergency Medicine
- Critical Care
- Radiology
- Anesthesia
- Plastics
- Vascular Surgery
- Cardiothoracic Surgery
- Rehabilitation
- Acute Care Surgery
- Nursing
- Craniofacial Surgery
- Soft Tissue Coverage

Alternate Pathway

Complete the chart below for any physician(s) applying for Alternate Pathway approval.

For physicians previously approved by the Alternate Pathway, only complete the following columns: **Physician Name, Specialty, and Total CME.**

Physician Name(s)	Specialty	Total CME hours accrued over the Verification Cycle [^]	ATLS ID	ATLS Expiration Date (MM/YYYY)	Membership(s) in a national or regional trauma organization(s) and date(s) of meeting(s) attended*	PIPS committee meeting attendance Rate (%)*	Confirmation that proof of trauma care credentials has been uploaded to the PRQ? (Y/N)	Confirmation that care documentation (such as PI Report by TMD demonstrating morbidity and mortality results for patients treated by the physician) has been uploaded to the PRQ?

*During the Reporting Period

[^]Prorated to 12 hours annually for new hires

Shaded blue cells indicate required upload to online PRQ

Alternate Pathway

NEUROSURGEON

Neurosurgical injuries (List charts with a minimum of 5 charts from each of the subcategories in the drop-down list.)

Please list charts for adults and children cared for by the alternate pathway physician. Include operative cases and consults (if available) during the Reporting Year. The radiographs of the selected cases must be available at the time of the visit.

#	Category	Unique Hospital Identifier	Age (ONLY list if >80 or <2)	ISS	Was imaging (CT/X-ray) used? (Y/N)	Mechanism	Injuries	Issues Identified	OR (Y/N)	Death (Y/N)	Notes	Length of Stay	Peer Reviewed (Y/N); If yes, what level?	PIPS/hospital events	PIPS/hospital events, if "other"	Loop Closure (Y/N)
1																
2																
3																
4																
5																

ORTHOPAEDIC SURGEON

Orthopaedic injuries (List charts with a minimum of 5 charts from each of the subcategories from the drop-list.)

Please list charts for adults and children cared for by the alternate pathway physician. Include operative cases and consults (if available) during the Reporting Year. The radiographs of the selected cases must be available at the time of the visit.

#	Category	Unique Hospital Identifier	Age (ONLY list if >80 or <2)	ISS	Mechanism	Injuries	Issues Identified	OR (Y/N)	Notes	Length of Stay	Peer Reviewed (Y/N); If yes, what level?	PIPS/hospital events	PIPS/Hospital Events, if "other"	Loop Closure (Y/N)
	EXAMPLE			50	Pedestrian on foot injured in collision	Traumatic subdural hemorrhage w LOC of any duration w death due to brain injury, initial encounter, Moderate laceration of left kidney, initial encounter, Moderate laceration of spleen, initial encounter, Contusion of lung, unilateral, initial encounter	No Autopsy Alt ORTHO							
1														
2														
3														
4														
5														